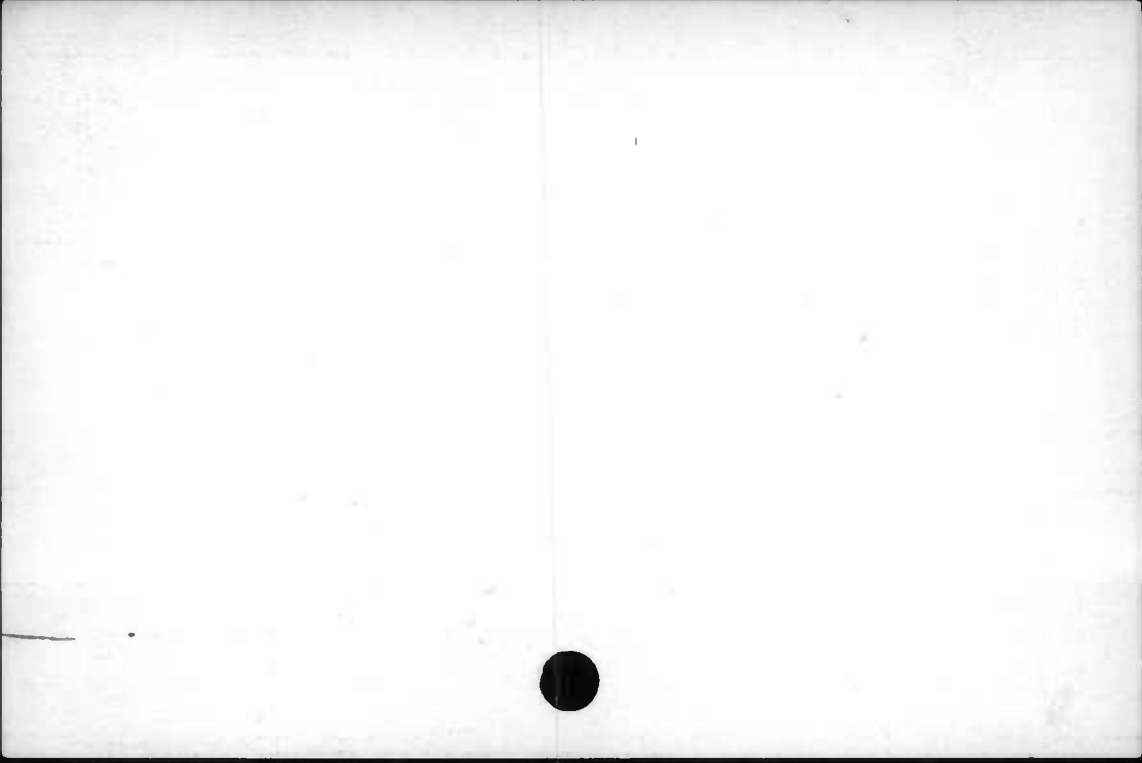


Name in Full		Charles Bryant Aaron				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fishing Creek		Dorchester		MARYLAND	
	Date of death	1905	Jan	19th	Age	27	Months 16 Days 30
	Sex	male		Color or Race	white		Birth-place
	Occupation	Oysterman		Where Residing if not at place of death		Fishing Creek Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband	Amy Parker		
	Father's Name	Marcellus Aaron				Father's Birthplace	Dorchester Co.
	Mother's Maiden Name	Sarah C. Harper				Mother's Birthplace	Dorchester Co.
Name of person giving information	J. Frank Aaron				How related to deceased	Brother	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Drowned				How long	12
	Immediate	Jan. 19th. 1905				How long	—
	Are the name, age, sex, color, date and place correctly given above?				yes.		
	Accident or Suicide?				Accident		
				Signature of Physician Address Alonge Travers J. Brown Fishing Creek Md.			



Name  
in  
Full

Willard F. Cannon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> Douches ter

Date of death 1905 Jan

Day 5

Age Years

Months 2

Days 7

Sex Male

Color or Race White

Birthplace Cambridge

Occupation None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's Name Willbourn Cannon

Father's Birthplace Bishop's Head

Mother's Maiden Name Eppie M. Jones

Mother's Birthplace " "

Name of person giving  
Information see familyHow related  
to deceased Son

## CAUSES OF DEATH

Primary Bronchitis

How long 10 or 12 days

Immediate Excitation

How long 14 hours

Are the name, age, sex, color, date  
and place correctly given above? Yes.Signature of  
Physician

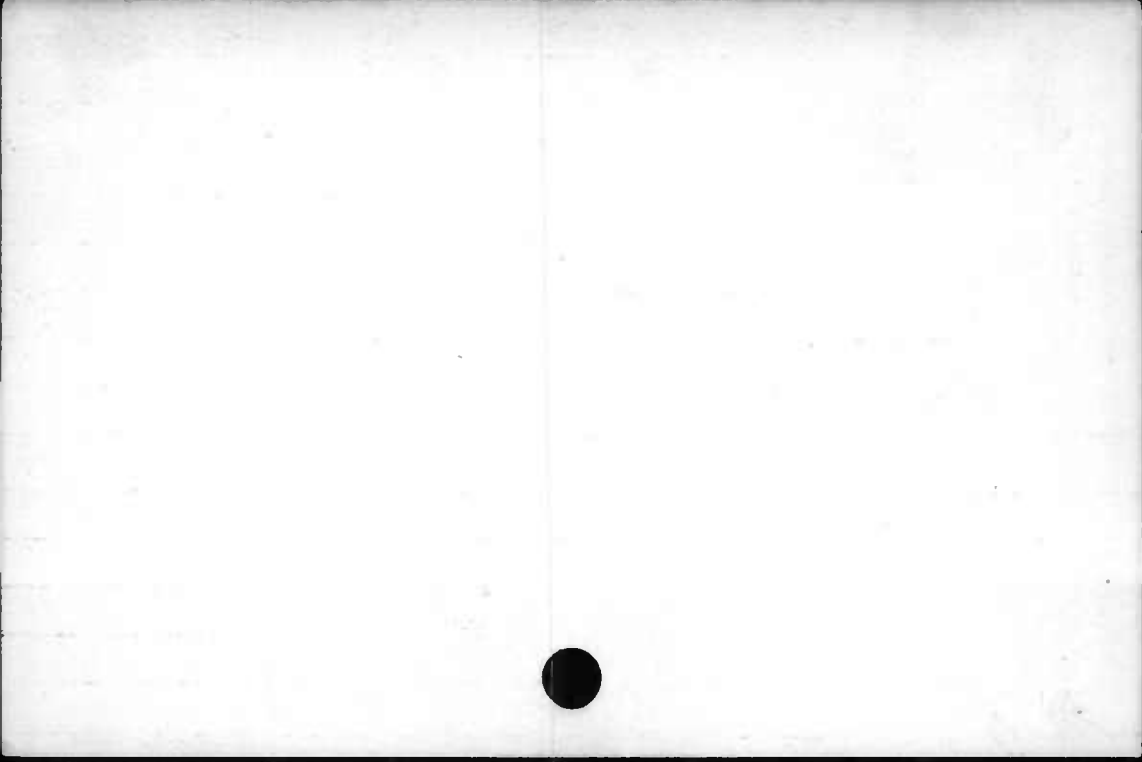
Address

L. L. M. Hanley 35

Cambridge

med

Accident or Suicide? ☒



Eliza Craghton

Died at <sup>Town</sup> Fishing Creek <sup>County</sup> Dor

MARYLAND

Date 19 <sup>Month</sup> 05 <sup>Day</sup> Jan 9 <sup>Y.</sup> Age 94 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Fishing Creek House R <sup>Occupation</sup>

~~Male~~ <sup>White</sup> ~~Female~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Widower~~ <sup>Number of children living</sup>

Husband of Robert Walker

Wife of Robert Walker

Father's Name Mother's Name Jane Phillips

Maiden Name

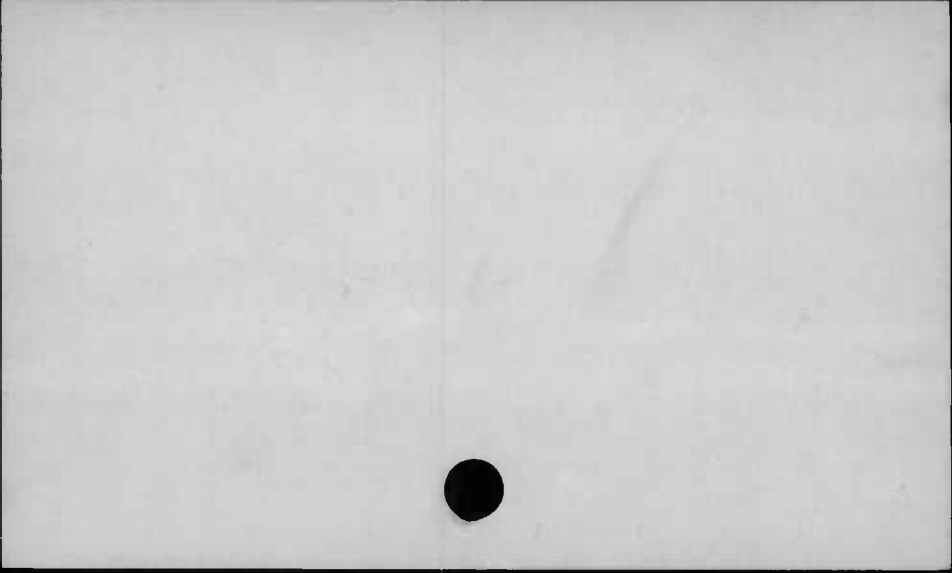
Cause of Death { Primary old age Immediate } How long sick 60 days

Accident, Suicide, Homicide

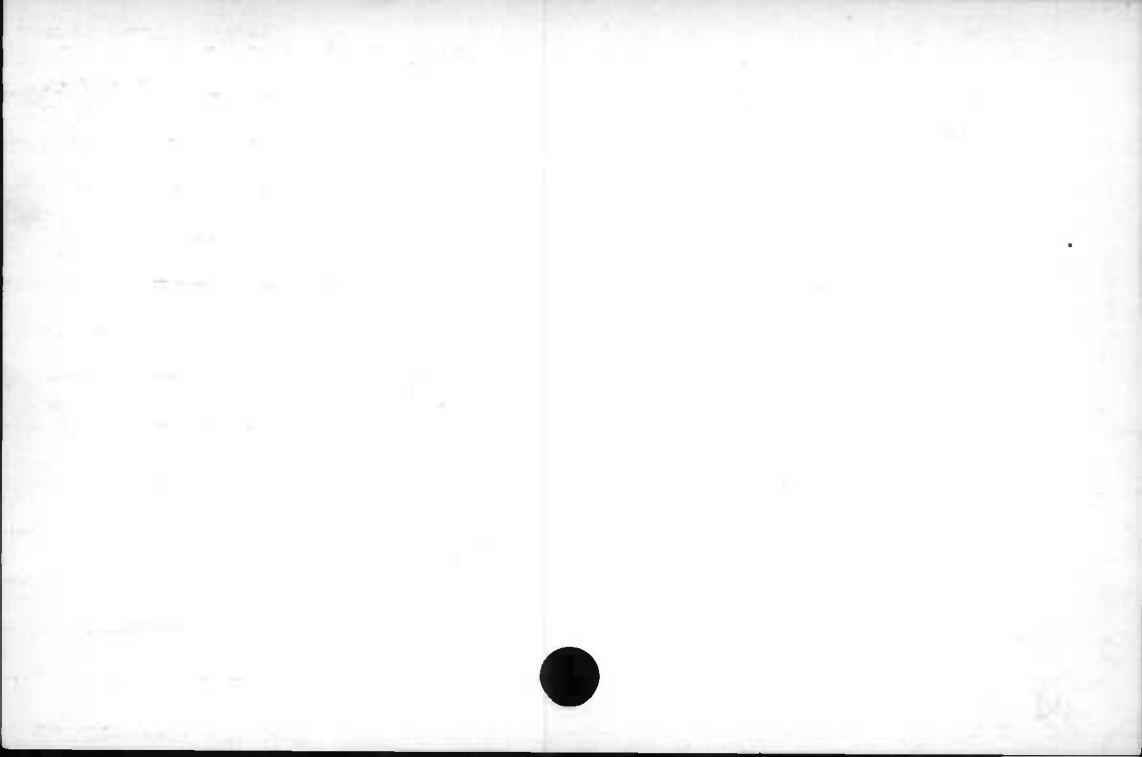
Reported by Cecily Walker

Address Fishing Creek No. 1 W H Summers and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

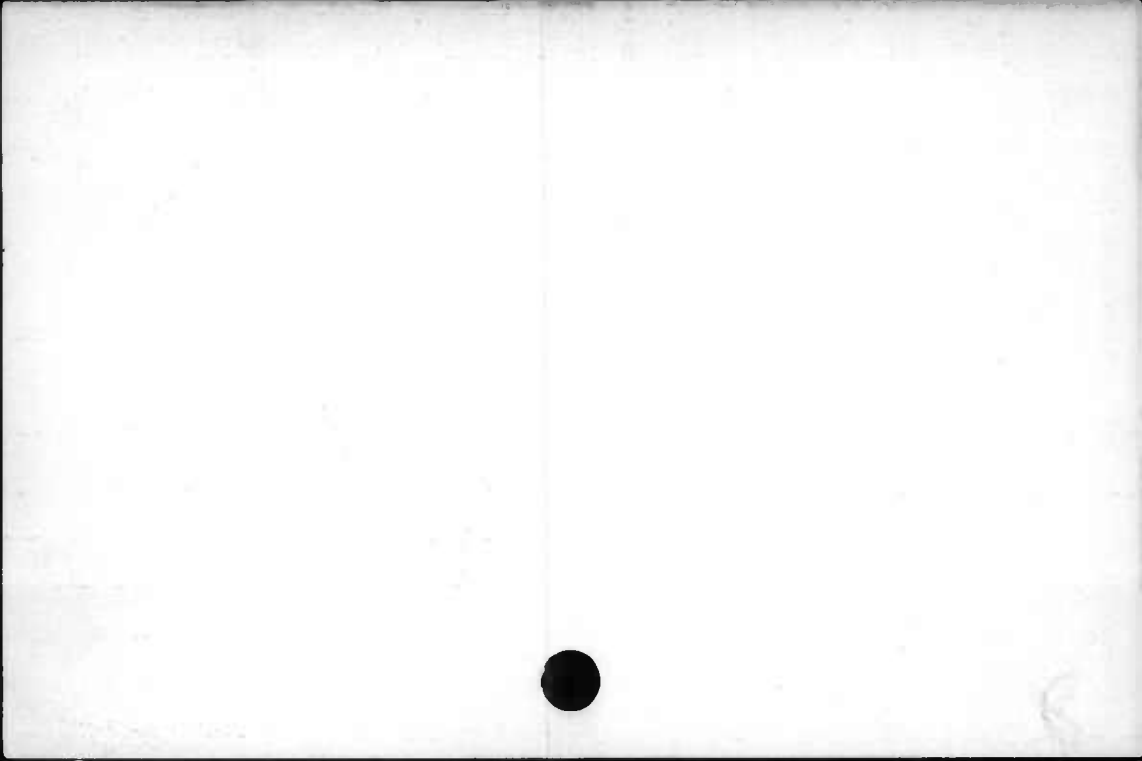


Name in Full		Eliza Dashiell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bucktown		County Dorchester		MARYLAND
	Date of death		1905	Month Jan.	Day 18	Age 71	
	Sex		Female		Color or Race BLK		Birthplace Md.
	Occupation		Hwk.		Where Residing if not at place of death		
	Married, Single or Widowed		Widow		Name of Wife or Husband		
	Father's Name		Wm. Camper		Father's Birthplace Md		
	Mother's Maiden Name		Sarah Stiles.		Mother's Birthplace Md		
Name of person giving information		Arch Blash		How related to deceased		Stepson	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Dropsy - (Cardiac)				How long
	Immediate		"Heart failure"				How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E E Wolff M.D.		
					Address Cambridge, Md.		
Accident or Suicide?							





Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Town Wrotens Island		County Dorchester				
		Died at		MARYLAND				
		Date of death	Month Jan	Day 19th	Age	Years 48	Months Do not know	Days exact age
		Sex male	Color or Race white	Birth-place Dorchester Co.				
		Occupation Oysterman		Where Residing if not at place of death Fishing Creek				
		Married, Single or Widowed married	Name of Wife or Husband Josephine Simmons					
		Father's Name John Dean	Father's Birthplace Dorchester Co					
		Mother's Maiden Name Melissa C. Flowers	Mother's Birthplace Dorchester Co					
Name of person giving information Alfred T. Flowers		How related to deceased Uncle						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary	Drowning		How long 172			
		Immediate	Body found March 30th 1905		How long			
		Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Alonzo Travers			
				Address Fishing Creek				
		Accident or Suicide?		accident.				



Name  
in  
Full

Irisa E. Enalls

## CERTIFICATE OF DEATH

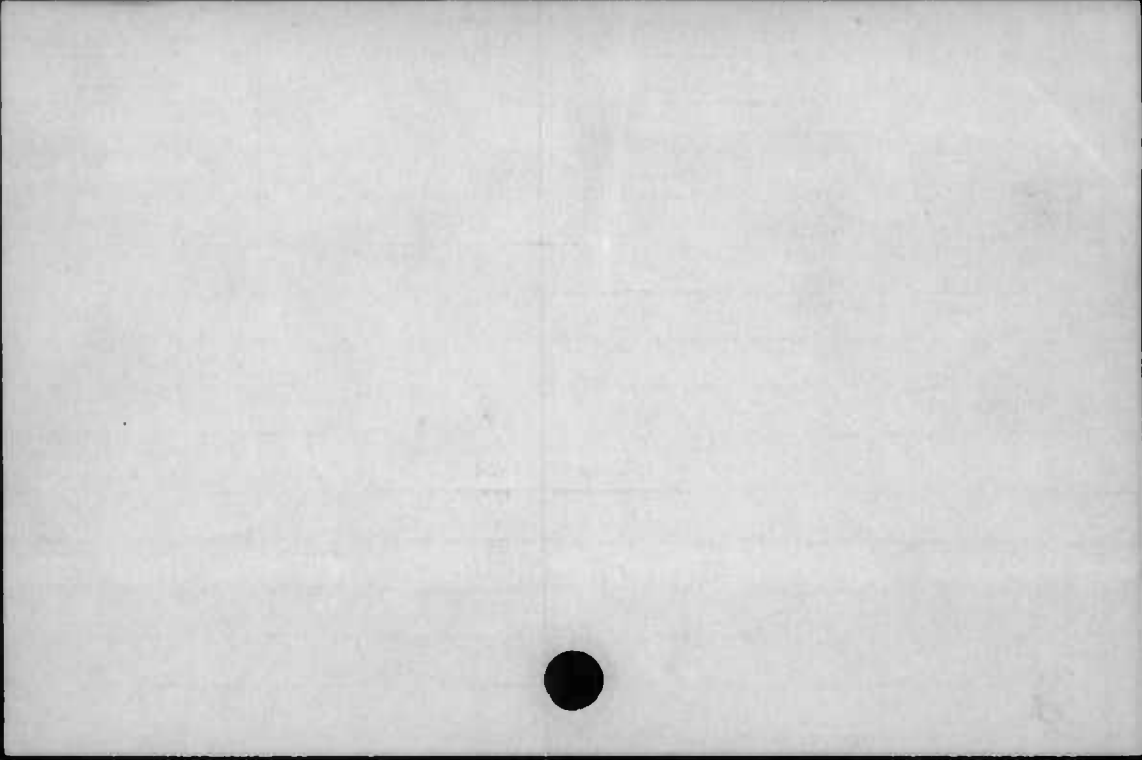
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Blumch Brook		County Dorchester		MARYLAND	
Date of death	1905	Month 1	Day 2	Age	8	Years	Months 2
Sex	Girl		Color or Race	Colored		Birth- place	Blumch Brook
Occupation				Where Residing if not at place of death			
Married Single or Widowed				Name of Writer or Husband			
Father's Name				John Enalls			
Mother's Maiden Name				Jane Mc Elottori			
Name of person giving In formation				J. B. Carroll			
Father's Birthplace				Blumch Brook			
Mother's Birthplace				Blumch Brook			
How related to deceased				None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mumps	How long	Ten days
Immediate	Bon outains	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Carroll
		Address	Lincolnton, N.C.
Accident or Suicide?			



Name  
in  
Full

Wm. Henry Farrow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Church Creek

Town

Brockenbush

County

Date of death 1905 July

Month

Day

6

Age 73

Years

Months

Days

Sex Male

Color or  
Race

Colored

Birth-  
place Dr. Co. Md.

Occupation Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed MarriedName of Wife or  
Husband

Wilhelmina Chase

Father's  
Name Wm. Henry FarrowFather's  
Birthplace Dr. Co. Md.Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

James Farrow

How related  
to deceased son

## CAUSES OF DEATH

Primary Chronic interstitial nephritis

How long

Immediate Mitral insufficiency

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

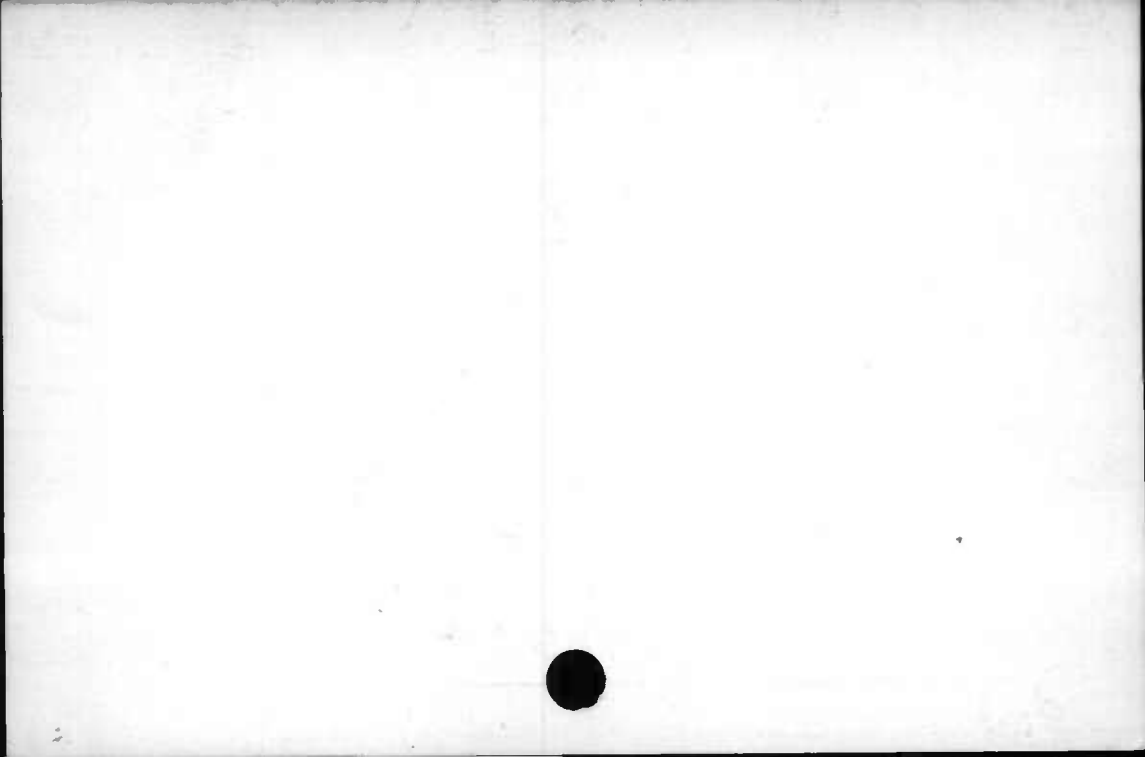
Signature of  
Physician

R. L. Smith

Address

Church Creek Md.

Accident or Suicide?



Name In Full

Certificate of Death

Ruth Gillie

Died at

Town

County

MARYLAND

Date 1905

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Jan 12

5 11 10

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
NameMother's  
Maiden Name

George Gillis

Bertha Hurley

Cause of

Primary

Diphtheria Laryngeal

How long sick

4 days

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Dr. E. H. Jones

Address

E. N. Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Mrs Laura Kenny

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>32</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester to Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge Md</i>			
Married, <del>Single</del> or Widowed <del>Widowed</del>		Name of Wife or Husband <i>M. Kenny</i>			
Father's Name <i>-</i>		Father's Birthplace			
Mother's Maiden Name <i>-</i>		Mother's Birthplace			
Name of person giving information <i>M. Kenny</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Ovary</i>	How long	<i>One Year</i>
Immediate	<i>Obstruction of bowels</i>	How long	<i>After day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. M. G. L. Brown</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

McClane

Died at *Galesburg*

Town

County

*Dorchester*

MARYLAND

Date 19 *05* *Jan* *31* | Age *31* | Y. M. D. | Native of *NC* | Occupation *Lady*  
 Male | White | Married | Widow | Divorced |  
 Female | Colored | Single | Widower | Number of children living *1*

Husband of *Joseph H. McClane*  
 Wife  
 Father's Name *Price Martin*

Mother's Maiden Name *Do not know*

Cause of Death { Primary *No history*  
 Immediate *Cancer*

How long sick *1*

Accident, Suicide, Homicide

Reported by *E. R. Oster*Address *Galesburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Church Creek* <sup>Town</sup> *Dorchester* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Jan.* <sup>Day</sup> *27<sup>th</sup>* <sup>Years</sup> *27* <sup>Months</sup> *8* <sup>Days</sup> *29*Sex *Female* Color or Race *Col.* Birthplace *Dorchester, Md.*Occupation *General Housework* Where Residing If not at place of death \_\_\_\_\_~~Married~~, Single

Name of Wife or Husband \_\_\_\_\_

Father's Name *Jermiah Matthews*Father's Birthplace *Dorchester, Md.*Mother's Maiden Name *Caroline Ewells*

Mother's Birthplace " " "

Name of parson giving information *Caroline Ewells*How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Phthis Pulmonalis* (✓)How long *2 to 3 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

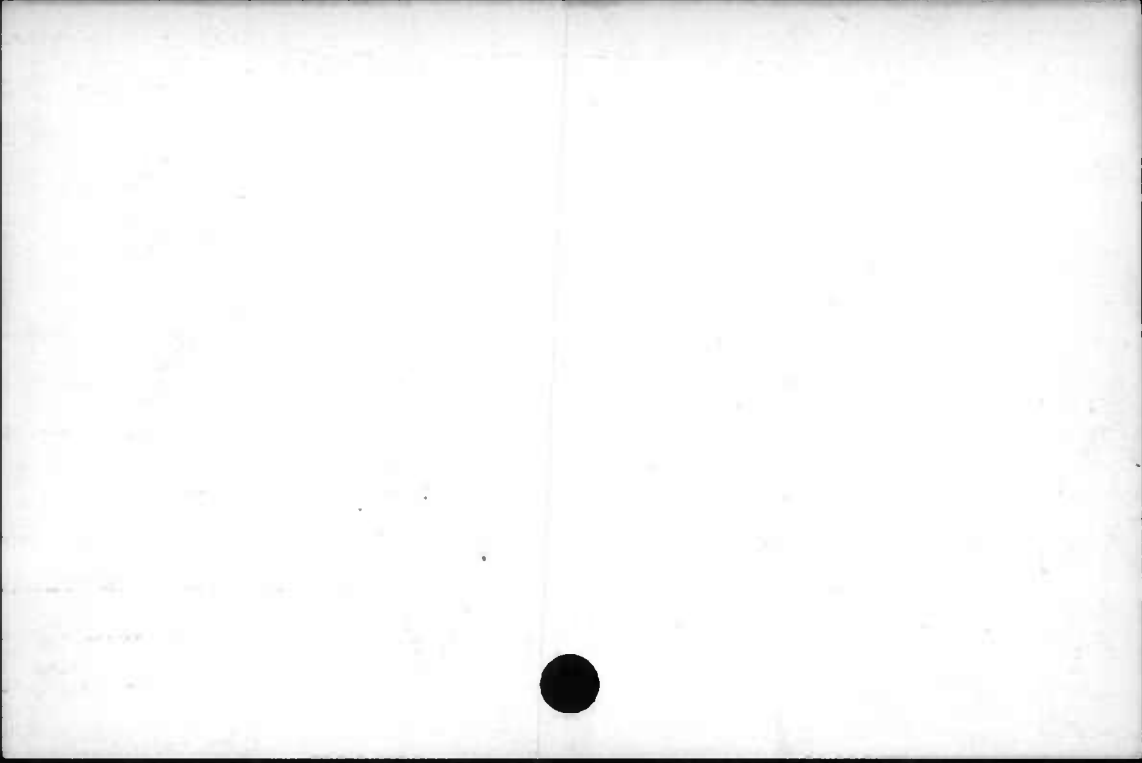
*Probably*

Signature of Physician

Address

*R. L. L. Mithcum, M.D.*  
*Church Creek, Md.*

Accident or Suicide?



Name  
in  
Full

Oster I Messick

## CERTIFICATE OF DEATH

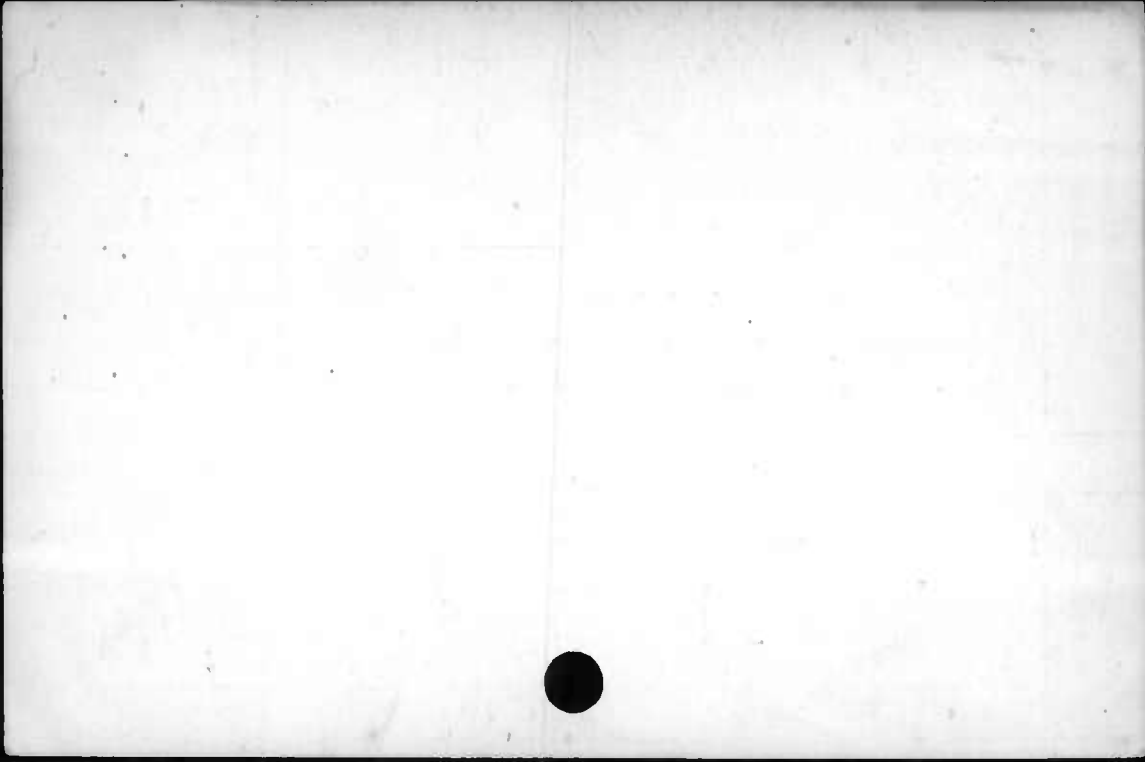
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1905	Month Jan	Day 15	Age 78	Years	Months	Days
Sex	Male		Color or Race	White		Birth place	Somerset Co Md
Occupation	Oyster man			Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>			Name of Wife or Husband				
Father's Name			John Messick			Father's Birthplace Somerset Co Md	
Mother's Maiden Name			Helen Tyler			Mother's Birthplace Somerset Co Md	
Name of person giving Information			Mr John Messick			How related to deceased Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Pulmonary and Laryngeal		How long	Some months
Immediate	Epiphora		How long	Some weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. John L. Torrey	
			Address Cambridge Md	
Accident or Suicide?				





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elliotts</u> Town		<u>Blanchester</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>1</u>	Day <u>24</u>	Years <u>4</u>	Months <u>3</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Elliotts</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Widowed</u>			Name of Wife or Husband _____		
Father's Name <u>Chas Moore</u>			Father's Birthplace <u>Elliotts</u>		
Mother's Maiden Name <u>Sola Gossley</u>			Mother's Birthplace <u>Phila. Pa.</u>		
Name of person giving information <u>Chas Moore</u>			How related to deceased <u>Father</u>		

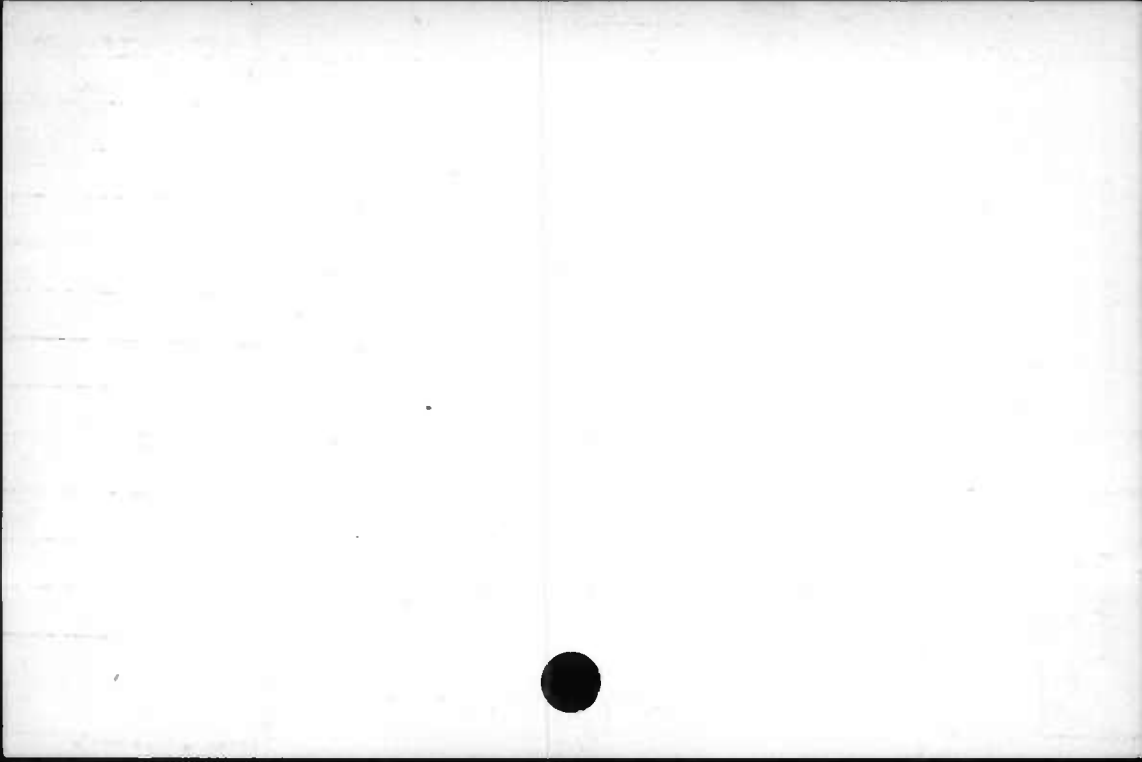
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

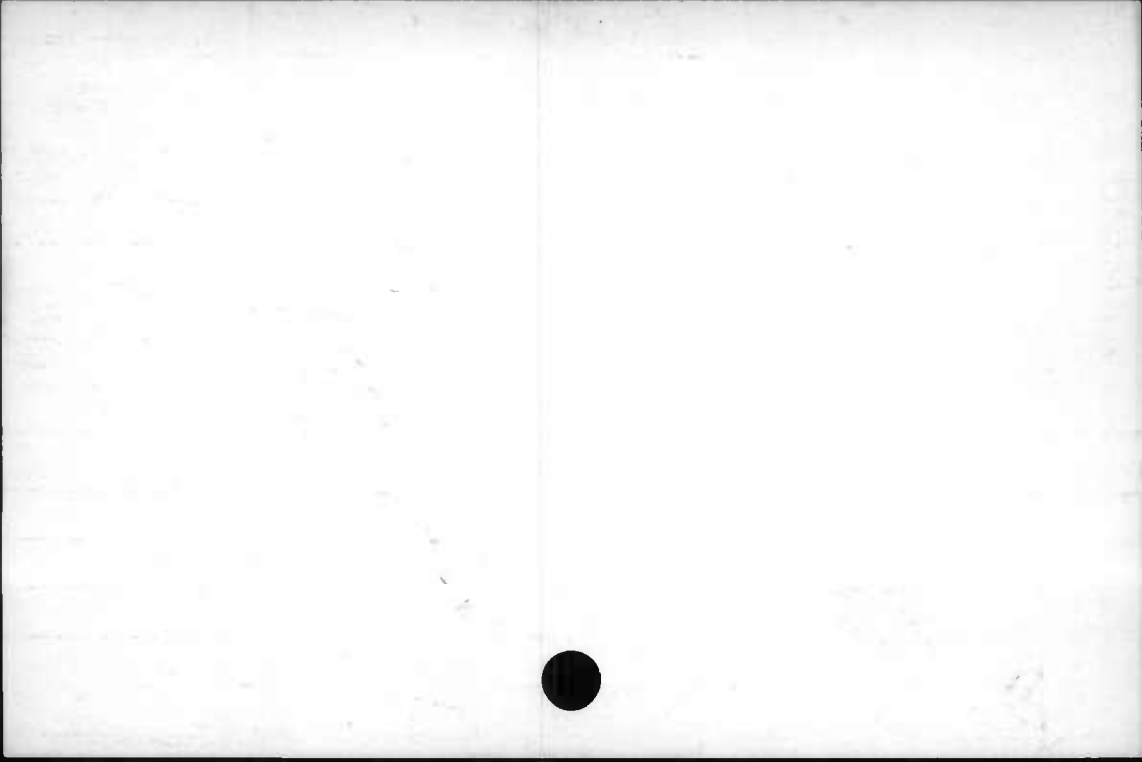
Primary <u>Scarlet fever</u>	How long <u>three weeks</u>
Immediate <u>Nephritis</u>	How long <u>four days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. R. Elliott</u>
	Address <u>Vienna</u>
Accident or Suicide? <u>2</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Griffin</i>		County <i>Dorchester</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>Jan.</i>	Day <i>18<sup>th</sup></i>	Age <i>95</i>	Months <i>0</i> Days <i>0</i>
	Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>	
	Occupation <i>Don't know</i>		Where Residing if not at place of death		
	Married, <del>Single</del> <i>or Widowed</i>		Name of Wife or Husband <i>Robert Myers</i>		
	Father's Name <i>Don't know</i>		Father's Birthplace <i>Dor. Co. Md. (Probably)</i>		
	Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace " " " "		
	Name of person giving information		How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Don't know</i>		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>R. L. Lanthier</i>		
			Address <i>Church Creek, Md.</i>		
	Accident or Suicide?				



Name in Full		Siggie Nichols				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cambridge <sup>Town</sup>		Prochester <sup>County</sup>			
		Date of death		1905	Month	January	Day	3	
		Age		37	Years	37	Months	—	
		Sex		Female	Color or Race		Colored	Birthplace	Wm. Co. Md.
		Occupation		Housework	Where Residing if not at place of death				
		Married, Single or Widowed		Single	Name of Wife or Husband				
		Father's Name		Billy Lee	Father's Birthplace				Wm. Co. Md.
		Mother's Maiden Name		Ellen Nichols	Mother's Birthplace				Wm. Co. Md.
Name of person giving information		Ellen Nichols				How related to deceased		Mother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		4 years	
		Immediate		Ephraim		How long		27	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Thos. Stettin			
				Address		Cambridge & Md.			
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

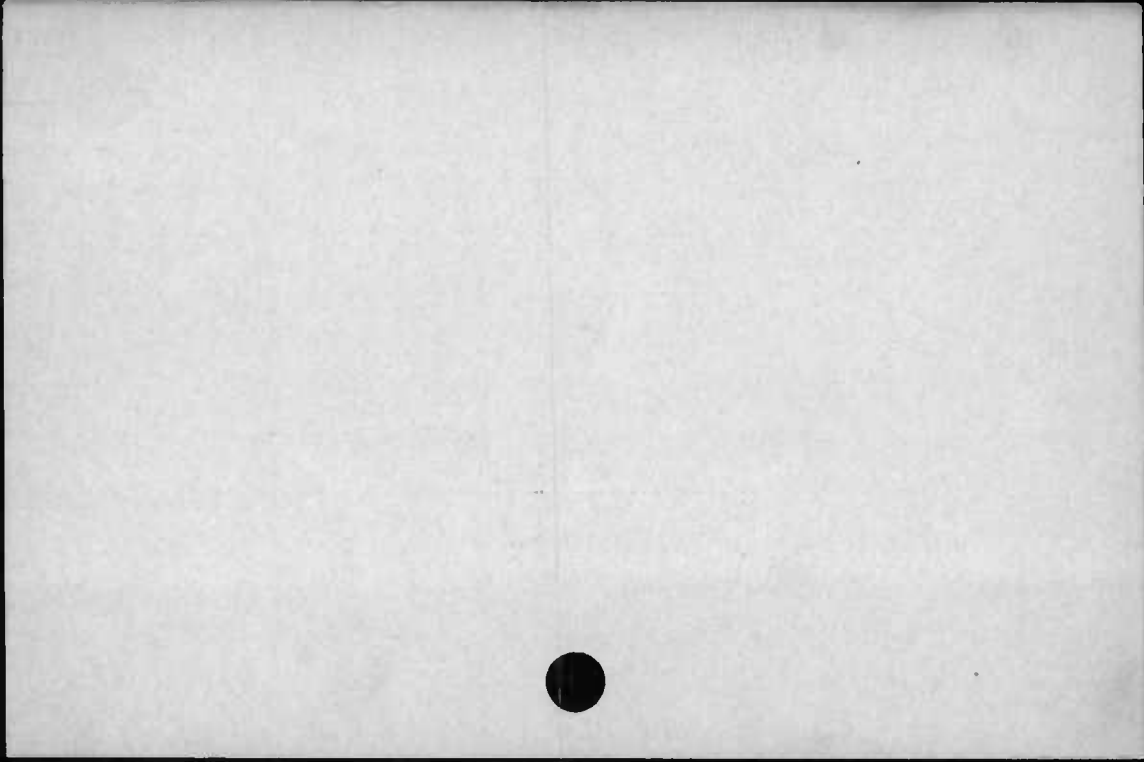
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Vienna</i>		Town <i>Vienna</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>15</i>	Age <i>2</i>	Years <i>2</i>	Months <i>3</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Jacob Payne</i>			Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Margaret Payne</i>			Mother's Birthplace <i>Sedford Del</i>				
Name of person giving information <i>Jacob Payne</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>five days</i>
Immediate <i>Cardiac failure</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Elliott</i>
	Address <i>Vienna</i>
<input checked="" type="checkbox"/> Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Ann Lizzie Perry*  
Town *Camden*County *Dorchester*

MARYLAND

Died at *Camden*Date of death *1905* *Jan* MonthDay *27*Age *46* Years

Months

Days

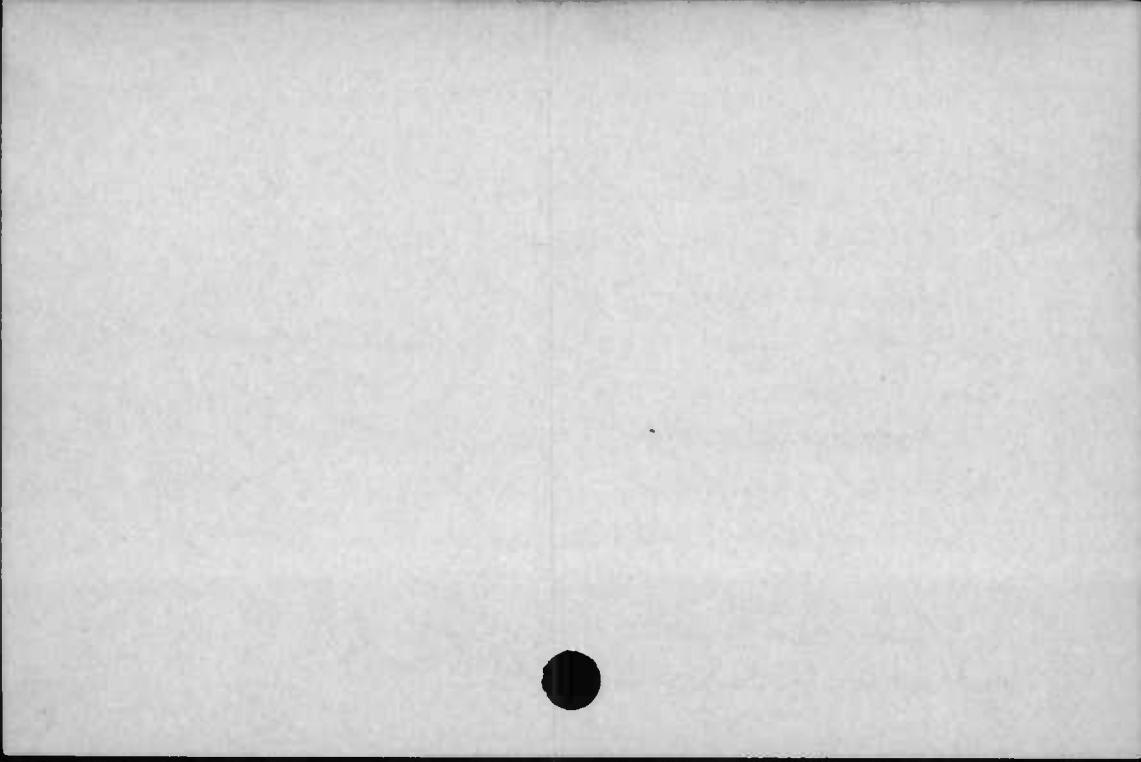
Sex *Female*Color or  
Race *White*Birth-  
place *Caroline Co Md*Occupation *Housewife*Where Residing if not  
at place of death *Camden Md*Married, Single  
or ~~Widowed~~Name of Wife or  
Husband *Daniel Perry*Father's  
Name *—*Father's  
BirthplaceMother's  
Maiden Name *—*Mother's  
BirthplaceName of person giving  
information *Ann D Perry*How related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Carcinoma of Breast*How long *2 years*Immediate *Secondary Deposit in Mediastinum*How long *A few months*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *P. W. DeLoach*

Address

Accident or Suicide?



Name in Full

Certificate of Death

Gustus Tomas Phillifer

MARYLAND

Died at

Town

County

Fishing Creek Dor

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

05 Jan 19 Age 82 0 2 Fishing Creek Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

Anne Coughlin

How long sick

36 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Vienna</i>			County <i>Harchester</i>		MARYLAND	
	Date of death <i>1905</i>	Month <i>1</i>	Day <i>31</i>	Age <i>38</i>	Years	Months <i>6</i>	Days <i>4</i>
	Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Marble Springs</i>		
	Occupation <i>Housewife</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>		Name of <del>Wife</del> or Husband <i>Eben Pinkett</i>				
	Father's Name <i>Parkin</i>				Father's Birthplace <i>Marble Springs</i>		
	Mother's Maiden Name <i>not known</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>Robt B Parker</i>				How related to deceased <i>not related</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>				How long <i>three months</i>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W. R. Elliott</i>		
					Address <i>Vienna</i>		
Accident or Suicide?							



Name  
in  
Full

William Denard Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

Date of death 1905-1

Day 7

Age Years

Months 5

Days 16

Sex Male

Color or Race

Blk.

Birth-place

Md.

Occupation

Child

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John H. Ross

Father's Birthplace

Md.

Mother's Maiden Name

Maggie Stiles

Mother's Birthplace

Md.

Name of person giving information

John H. Ross

How related to deceased

Father.

## CAUSES OF DEATH

Primary

Bronchitis (Tubercular)

How long

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

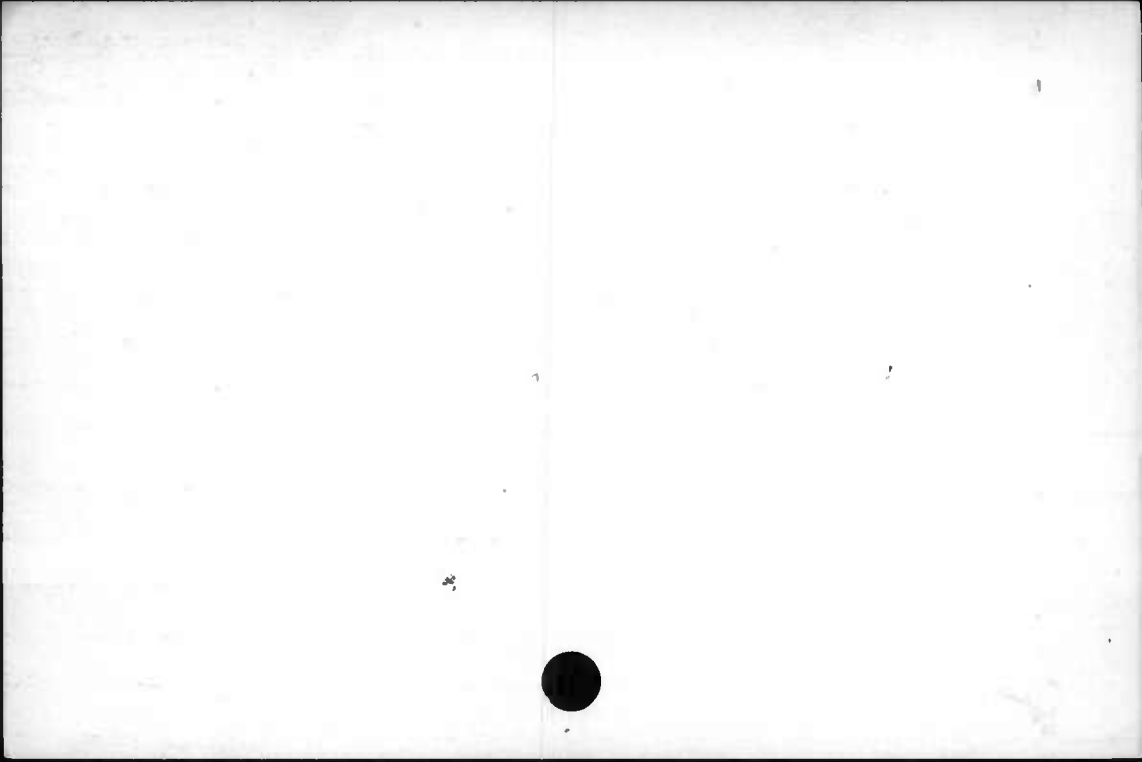
Signature of Physician

E. E. Wolff.

Address

Cambridge, Md.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Hughy Smith* Town *Port Newmarket* County *Borchester*

Died at *Port Newmarket*

Date of death *1905* Month *Jan* Day *31* Age *65* Years Months *3* Days *1*

Sex *male* Color or Race *White* Birth-place *Madison*

Occupation *Farmer* Where Residing if not at place of death *Port Newmarket*

Married, Single or Widowed *Married* Name of Wife or Husband *Lizzie Smith*

Father's Name *John Smith* Father's Birthplace *Borchester*

Mother's Maiden Name *Sallie Crossmore* Mother's Birthplace *Borchester*

Name of person giving information *Ernest Moore* How related to deceased *son in law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *concre bowel* How long *3 month*

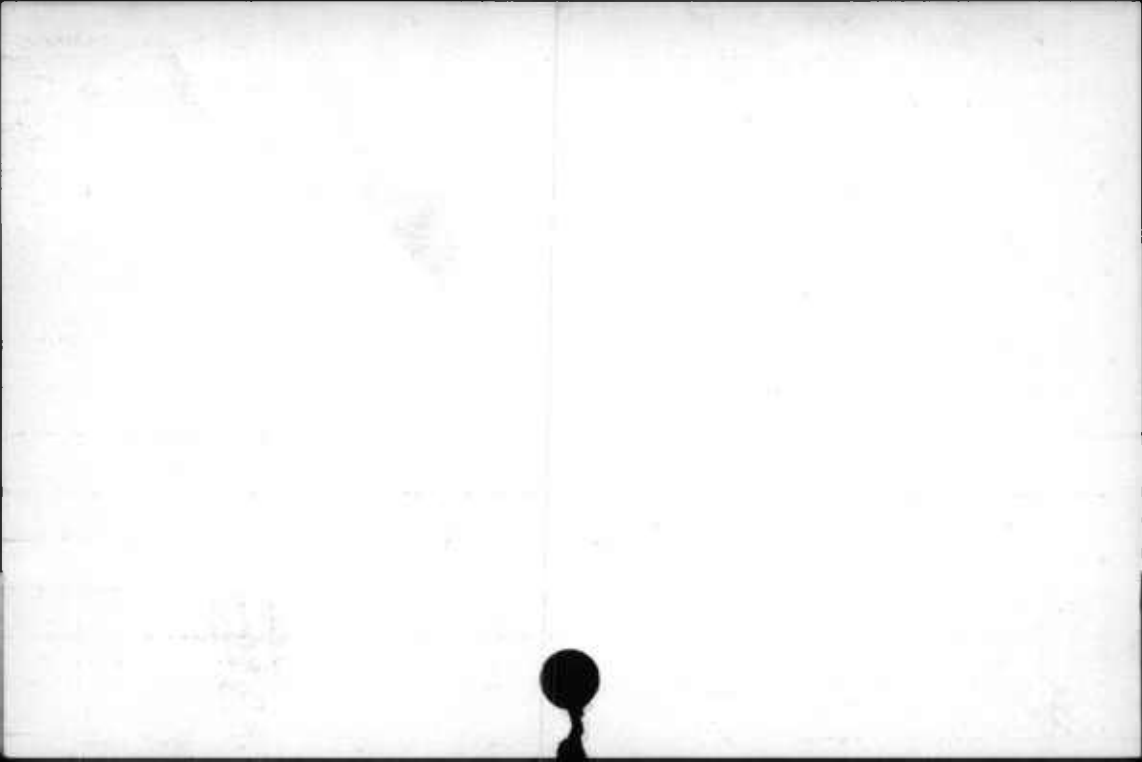
Immediate *Port Fracture* How long *8 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Victor S. Hitch*

Address *Port Newmarket Md*

*2* Accident or Suicide?



Name  
in  
Full

May E Stelais

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cambridge* TownCounty *Dorchester*Date of death *1905 Jan*Day *28*Age *38*

Months

Days

Sex *Female*Color or Race *Black*Birth-place *Cambridge Md*Occupation *House wif*Where Residing if not at place of death *Cambridge Md*Married, ~~Male~~ or ~~Widowed~~

Name of Wife or Husband

*Edmond M Stelais Sr*Father's Name *James Denhard*Father's Birthplace *Dorchester Md*

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Edmond M Stelais*How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Tuberculosis Pulmonary*How long *Some months*Immediate *Exhaustion*How long *a few days*Are the name, age, sex, color, date and place correctly given above? *Yes*

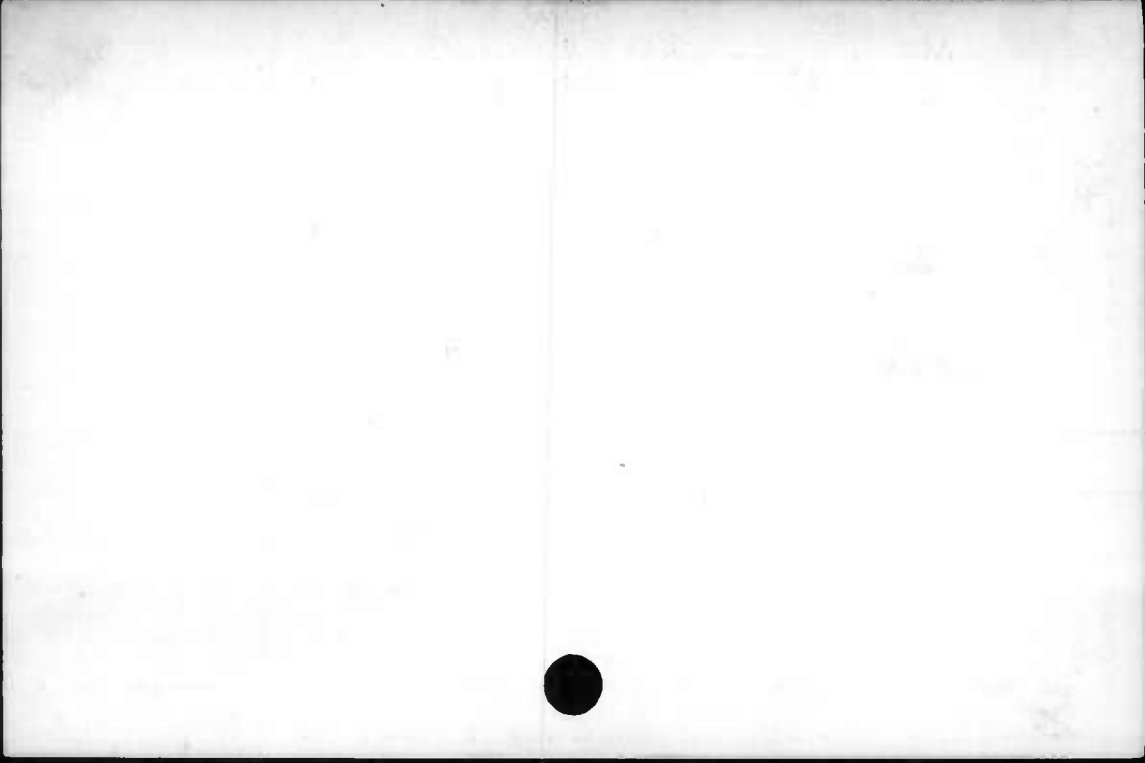
Signature of Physician

*Dr. S. L. Brown*

Address

*Cambridge Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

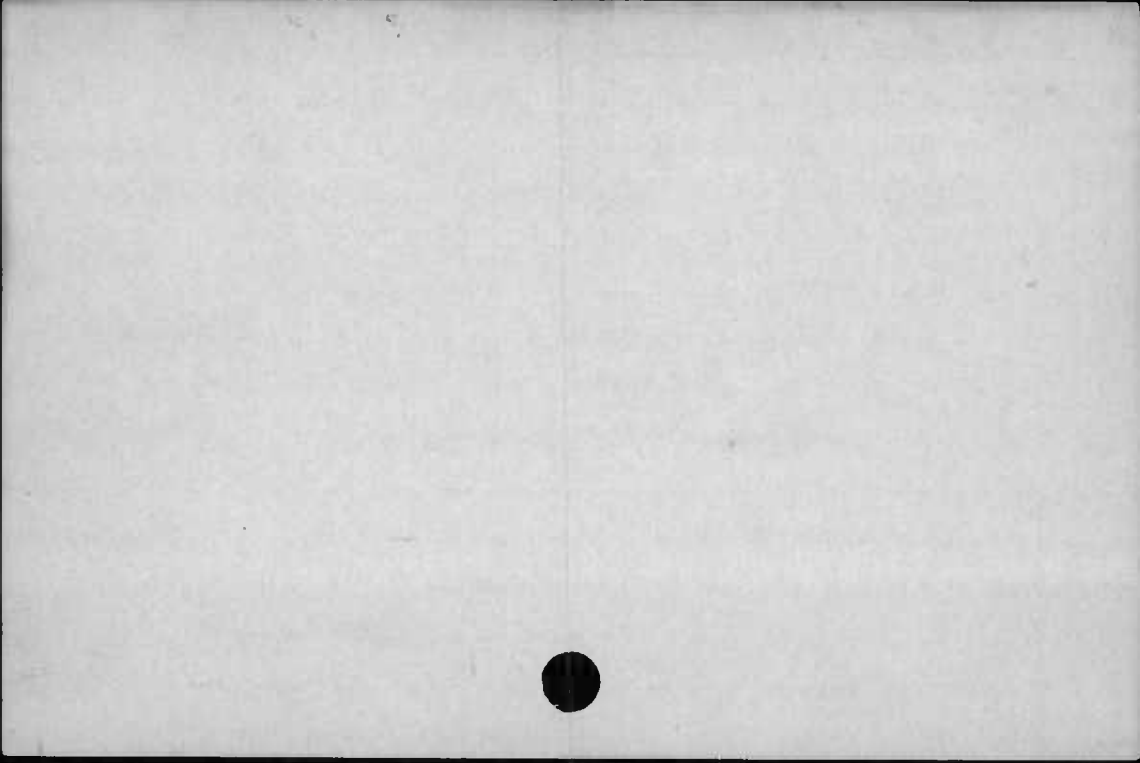
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia M Thomas</i>		Town <i>Lloyds</i>		County <i>Bochester</i>		MARYLAND	
Died at <i>Lloyds</i>		Month <i>Jan</i>		Day <i>11</i>		Age <i>75</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Jarvis</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>— —</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Hugh Thomas</i>					
Father's Name <i>— Harris</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Thos P Stokes</i>		How related to deceased <i>Son in law</i>					

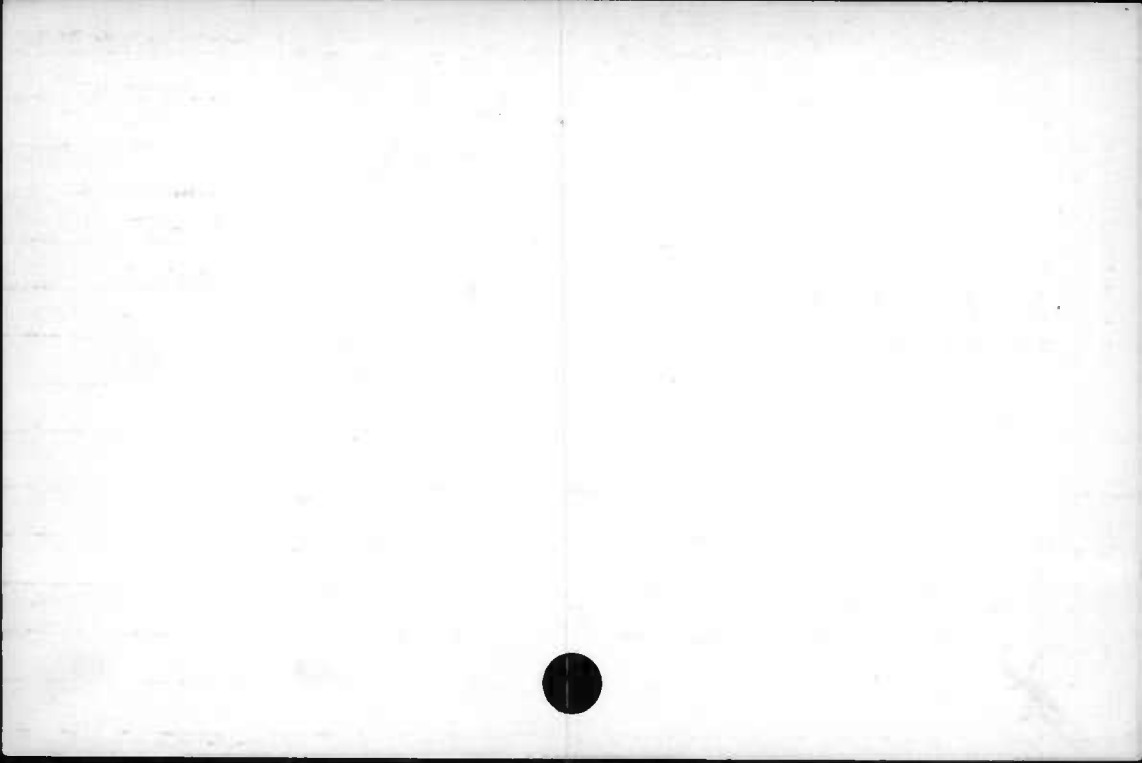
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Found dead in bed</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>R # 6 # 5 Cambridge</i>
Accident or Suicide?	<i>Ind</i>



Name in Full <i>Thomas A. Trice</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Shurlock</i> Town <i>Shurlock</i> County <i>Shurlock</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>12</i> - Age <i>78</i> Years Months <i>9</i> Days <i>2</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>
	Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Shurlock</i>	
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Louise A. Trice</i>	
	Father's Name <i>Abraham Trice</i>	Father's Birthplace <i>MD</i>	
	Mother's Maiden Name <i>Louise A. Trice</i>	Mother's Birthplace <i>MD</i>	
	Name of person giving information <i>Her Trice</i>	How related to deceased <i>Son</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Intestinal obstruction</i>	How long <i>2 days</i>	
	Immediate <i>Collapsus</i>	How long <i>2 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Maguire</i>	
		Address <i>Shurlock</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			





Name in Full		Eliza A. Wallace				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fishing Creek		Dorchester		MARYLAND		
	Date of death	1905	June	9	Age	94	Months 3 Days 28	
	Sex	Female		Color of Race	white		Birth-place	Dorchester Co.
	Occupation	Housewife		Where Residing if not at place of death		Fishing Creek		
	Married, Single or Widowed	Widow		Name of Wife or Husband		(Robt. C. Wallace)		
	Father's Name	Nathan Wallace				Father's Birthplace	Dorchester Co.	
	Mother's Maiden Name	Emma Craghton				Mother's Birthplace	Dorchester Co.	
	Name of person giving information	Chas. H. Wallace				How related to deceased	Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(10)</div>								
PHYSICIAN OR CORONER	Primary	Chronic Bronchitis, Old age				How long	2 years	
	Immediate	Passive Congestion exhaustion				How long	1 month	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
				W. H. Houston M.D.				
				Fishing Creek				
		Accident or Suicide?		—				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *East Newmarket* <sup>Town</sup>*Herndon* <sup>County</sup>Date of death *1905 Jun* <sup>Month</sup>*23<sup>rd</sup>* <sup>Day</sup>Age *—* <sup>Years</sup>Months *11*Days *—*Sex *Female*Color or Race *Colored*Birthplace *East Newmarket*Occupation *Infant*Where Residing if not at place of death *East Newmarket*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *John W. Waters*Father's Birthplace *Cabin Creek*Mother's Maiden Name *Jane Luskson*Mother's Birthplace *East Newmarket*Name of person giving information *Father, J. W. Waters*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Pneumonia*How long *7 days*Immediate *Pneumonia*How long *7 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *C. T. Maguire*Address *Blue Creek Rd*Accident or Suicide? *8*

